
Tentative Agenda

**North Carolina
State Health Coordinating Council**

Jane S. McKimmon Center
(Corner of Gorman Street and Western Boulevard)
Raleigh, NC
September 26, 2007
10:00 a.m.

Presiding: Dan Myers, M.D., Chairman

Welcome and Announcements

Dr. Dan Myers

Approval of Minutes from May 30, 2007 Meeting

Council Members

Committee Reports:

A. Acute Care Services Committee
{Cover printed on green paper}

Mr. Mike Tarwater

B. Technology & Equipment Committee
{Cover printed on blue paper}

Dr. Chris Ullrich

C. Long-Term & Behavioral Health Committee
{Cover printed on salmon paper}

Dr. T. J. Pulliam

Comments regarding the Tentative CON Review Schedule

Ms. Lee Hoffman

Adoption of Final Recommendations regarding the 2008 SMFP

Council Members

Other Business

Council Members

Adjournment

Dr. Dan Myers

Recommendations and Related Materials

from the

**Acute Care
Services Committee**

for the

September 26, 2007

State Health Coordinating Council Meeting

Acute Care Services Committee

Recommendations to the N. C. State Health Coordinating Council

September 26, 2007

The Acute Care Services (ACS) Committee met on September 4, 2007 to consider Petitions and Comments received in response to Chapters 5 through 8 of the Proposed 2008 State Medical Facilities Plan. Copies of Agency Reports, Petitions and Comments are enclosed.

Acute Care Beds: Chapter 5 – pages 33-49 of the Proposed 2008 Plan:

- At the September 4 meeting, the ACS Committee reviewed revised Acute Care Bed Need Projections. The Bed Need Projections were revised after the Acute Care Bed Need Growth Factor used in the Proposed 2008 SMFP was corrected by subtracting Inpatient Rehabilitation days, which were inadvertently included when the Growth Factor was first calculated. After correction, the Growth Factor changed from .82% to .47%.

Correcting the Growth Factor changed the Acute Care Bed Need Projections published in the Proposed 2008 State Medical Facilities Plan, as follows:

County	Corrected Acute Care Bed Need Determination
Mecklenburg	27 (corrected from 45)
Wake	41 (corrected from 47)

Also at the September 4 ACS Committee meeting, Staff informed Committee members that correcting discrepancies between the Thomson data and the License Renewal Application data is ongoing, with some hospitals correcting their License Renewal Application data and other hospitals correcting their Thomson data. Staff noted that at least one hospital has chosen not to correct their Thomson data and that other hospitals may make the same choice. Staff noted that data corrections would not effect need determinations. **The Committee recommends approval of the corrected Acute Care Bed Need Determinations. The Committee also recommends that Staff indicate incorrect data by noting with an asterisk in Table 5A, hospitals that do not correct their data and that Acute Care Bed Need is not effected by the incorrect data.**

- One petition, from Cape Fear Valley Health System, was received on the Acute Care Beds chapter of the Proposed 2008 Plan during the public comment period. The

petitioner requests an adjusted need determination in the 2008 State Medical Facilities Plan for 20 additional acute care beds in Cumberland County. The basis for the petition was that additional beds are needed to accommodate the additional population expected to move to Cumberland County because of Base Realignment And Closure (BRAC). The Petitioner acknowledged that applying the Standard Methodology results in a projected surplus of Acute Care Beds for Cumberland County but submitted that using Cumberland County specific data to project growth resulted in a projected need for Acute Care Beds. The Agency supported the Standard Methodology and recommended that the Petition be denied. **The Committee recommends that the Petition be denied.**

- In summary, the Committee recommends approval of the Acute Care Beds chapter, including the revised bed need projections and notation of incorrect data in Table 5A.

Operating Rooms: Chapter 6 – pages 51-76 of the Proposed 2008 Plan:

- Seven Petitions were received on the Operating Rooms chapter of the Proposed 2008 Plan during the public comment period.

OR Petition 1: Franklin Regional Medical Center: The Petitioner requests an adjusted need determination for one additional Operating Room in Franklin County. The Petitioner provided as rationale an adjustment to the Standard Methodology, i.e., “rounding up” to 1 OR from .2 OR’s. The Petitioner also provided as rationale data related to the ratio of the number of OR’s per population. The Agency supported the standard Methodology and recommended that the Petition be denied. **The Committee recommends that the Petition be denied.**

OR Petition 2: Park Ridge Hospital: The Petitioner requests an adjusted need determination for one additional Surgical Operating Room in Henderson County. The Petitioner provided as rationale an adjustment to the Standard Methodology, i.e., excluding 3 unused OR’s from Henderson County’s OR inventory when determining need for Henderson County. The Agency supported the standard Methodology and recommended that the Petition be denied. **The Committee recommends that the Petition be denied.**

OR Petition 3: Pitt county Memorial Hospital: The Petitioner requests an adjusted need determination for six additional Operating Rooms in the Pitt-Greene Multi-County Operating Room Service Area. The Petitioner provided as rationale adjustments to the Standard Methodology, i.e., changing two of the OR Methodology assumptions and adjusting the Standard Growth Factor. The Agency supported the Standard Methodology and recommended that the Petition be denied. **The Committee recommends that the Petition be denied.**

OR Petition 4: Randolph Hospital: The Petitioner requests an adjusted need determination for one additional Operating Room in Randolph County. The Petitioner provided as rationale an adjustment to the Standard Methodology, i.e., changing two of the OR Methodology assumptions. The Petitioner also provided as rationale data related to the ratio of the number of OR's per population. The Agency supported the standard Methodology and recommended that the Petition be denied. **The Committee recommends that the Petition be denied.**

OR Petition 5: Rex Hospital: The Petitioner requests an adjusted need determination for four additional Operating Rooms in Wake County. The Petitioner provided as rationale an adjustment to the Standard Methodology, i.e., determining need for OR's based on individual facility's utilization. The Agency supported the standard Methodology and recommended that the Petition be denied. **The Committee recommends that the Petition be approved, resulting in an Adjusted Need Determination for four operating rooms in Wake County.**

OR Petition 6: Mecklenburg Foot and Ankle Associates and Diabetic Foot Clinic, P.C.: The Petitioner requests an adjusted need determination for one single-specialty Operating Room dedicated for podiatric surgery cases only for Mecklenburg County. The Agency noted that the Petitioner is requesting a single surgical specialty adjusted need determination for one operating room to be located in an ambulatory surgical setting and that Mecklenburg County shows an OR surplus of 18.72 OR's. In consideration of the infeasibility of projecting need for single specialty operating rooms in a particular type of setting, the Agency recommended that the petition be denied. **The Committee recommends that the Petition be denied.**

OR Petition 7: Raleigh Orthopaedic Clinic: The Petitioner requests an adjusted need determination for six dedicated orthopedic ambulatory Operating Rooms to be developed in one or more freestanding (non-hospital) ambulatory surgery centers in Wake County. In consideration of the infeasibility of projecting need for single specialty operating rooms in a particular type of setting, the Agency recommended that the petition be denied. **The Committee recommends that the Petition be denied.**

- The Committee discussed part (d) of current Certificate of Need (CON) Rule 10A NCAC 14C .2106, which is shown below:
"In competitive reviews, an applicant proposing to perform ambulatory surgical procedures in at least three specialty areas shall be considered more favorably than an applicant proposing to perform ambulatory surgical procedures in fewer than three specialty areas."
The Committee recommends that this rule be changed such that the CON Section is not required in a competitive review to consider an applicant proposing to perform ambulatory surgical procedures in at least three specialty areas more favorably.

- The Committee acknowledged comments submitted about the Operating Room Methodology Work Group Recommendations but took no formal action related to the comments.
- **In summary, the Committee recommends approval of the Operating Rooms chapter, including the Wake County Adjusted Need Determination for four operating rooms.** (*Revised Table 6A, Table 6B and Table 6C, reflecting approval of Rex Hospital's petition, are attached to this report as Operating Room Attachment.*) **The Committee also recommends that CON Rule 10A NCAC 14C .2106 be changed.**

Other Acute Care Services: Chapter 7 – pages 77-87 of the Proposed 2008 Plan:

- No Petitions or Comments were received regarding Other Acute Care Services. This category includes Open-Heart Surgery Services, Heart-Lung Bypass Machines, Burn Intensive Care Units, Bone Marrow Transplantation Services and Solid Organ Transplantation Services. **The Committee recommends approval of the Other Acute Care Services chapter.**

Inpatient Rehabilitation Services: Chapter 8 – pages 89-92 of the Proposed 2008 Plan:

- No Petitions or Comments were received regarding Inpatient Rehabilitation Services. **The Committee recommends approval of the Inpatient Rehabilitation Services chapter.**

In order to facilitate completion of the Final 2008 SMFP, the Acute Care Services Committee also authorized staff to continue making changes in data (*e.g., inventory changes*) as additional information is received and to make non-substantive edits to the narrative.

Operating Room Attachment

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

(Case Data for 10/01/05 through 9/30/06 as reported on the "2007 Hospital and Ambulatory Surgical Facility License Renewal Applications")

Facility Name	County	Inpt.- C-Sec.	Amb. Cases	Inpat. Rms.	Amb. Rms.	Shared Rms.	Exclu. C-Sec.	Exclu Tra/Bur	Adj.CON
Alamance Regional Medical Center, Inc.	Alamance	2,026	6,798	2	0	11	-2	0	-2
Mebane Ambulatory Surgical Facility	Alamance		0		0				3
Totals for: Alamance	Alamance	2,026	6,798	2	0	11	-2	0	1
Frye Regional Medical Center - Alexander Campus	Alexander	0	0	0	0	2	0	0	0
Alleghany Memorial Hospital	Alleghany	26	221	0	0	2	0	0	0
Anson Community Hospital	Anson	133	461	0	0	2	0	0	0
Ashe Memorial Hospital, Inc.	Ashe	235	615	0	0	2	0	0	0
Charles A. Cannon, Jr. Memorial Hospital, Incorporated	Avery	218	344	0	0	2	0	0	0
Beaufort County Hospital	Beaufort	1,039	2,537	1	0	5	-1	0	0
Pungo District Hospital Corporation *	Beaufort	62	384	0	0	2	0	0	0
Totals for: Beaufort	Beaufort	1,101	2,921	1	0	7	-1	0	0
Bertie Memorial Hospital	Bertie	19	743	0	0	2	0	0	0
Bladen County Hospital	Bladen	277	486	0	0	2	0	0	0
Brunswick Community Hospital	Brunswick	773	1,836	1	0	3	-1	0	1
J. Arthur Doshier Memorial Hospital	Brunswick	245	1,110	0	0	2	0	0	0
Totals for: Brunswick	Brunswick	1,018	2,946	1	0	5	-1	0	1
Asheville Eye Surgery Center (Licensed 3/2004)	Buncombe		2,955		1				0
FEMCARE, INC.	Buncombe		1,088		2				0
Mission Hospitals	Buncombe	13,037	20,430	21	13	9	-2	-1	4
Orthopaedic Surgery Center of Asheville	Buncombe		2,853		3				0
Totals for: Buncombe	Buncombe	13,037	27,326	21	19	9	-2	-1	4
Grace Hospital, Inc.	Burke	1,121	3,607	1	0	5	-1	0	0
Surgery Center of Morganton Eye Physicians, P.A.	Burke		2,040		2				0
Valdese General Hospital, Inc.	Burke	472	1,465	0	0	4	0	0	0
Totals for: Burke	Burke	1,593	7,112	1	2	9	-1	0	0
Eye Surgery And Laser Clinic	Cabarrus		2,568		2				0
NorthEast Medical Center	Cabarrus	5,096	9,607	4	0	17	-2	-1	0
Gateway Ambulatory Surgery Center (new 2006)	Cabarrus		1,681		4				0
Totals for: Cabarrus	Cabarrus	5,096	13,856	4	6	17	-2	-1	0
Caldwell Memorial Hospital, Inc.	Caldwell	548	3,006	1	3	4	-1	0	0
Carteret General Hospital	Carteret	1,979	1,842	1	0	5	-1	0	0
Carteret Surgery Center	Carteret		1,776		2				0
Totals for: Carteret	Carteret	1,979	3,618	1	2	5	-1	0	0
Catawba Valley Medical Center	Catawba	2,514	7,243	1	0	12	-1	0	0
Frye Regional Medical Center	Catawba	3,579	9,423	2	7	15	0	0	-3
Graystone Eye Surgery Center (X HealthSouth Surg. Cent.)	Catawba		853		1				0
Viewmont Surgery Center, LLC	Catawba		0		0				3
Totals for: Catawba	Catawba	6,093	17,519	3	8	27	-1	0	0
Chatham Hospital, Inc.	Chatham	53	194	0	0	2	0	0	0
Murphy Medical Center, Inc.	Cherokee	358	1,873	0	0	4	0	0	0
Chowan Hospital	Chowan	614	1,117	0	0	3	0	0	0

* Chronically underutilized facility; operating rooms in these facilities are excluded from Need Determination calculations.

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

(Case Data for 10/01/05 through 9/30/06 as reported on the "2007 Hospital and Ambulatory Surgical Facility License Renewal Applications")

Facility Name	County	Inpt.- C-Sec.	Amb. Cases	Inpat. Rms.	Amb. Rms.	Shared Rms.	Exclu. C-Sec.	Exclu Tra/Bur	Adj.CON
Cleveland Ambulatory Services *	Cleveland		1,745		4				0
Cleveland Regional Medical Center	Cleveland	2,295	3,691	1	0	6	-1	-1	0
Eye Surgery Center of Shelby	Cleveland		1,711		2				0
Kings Mountain Hospital	Cleveland	271	1,212	0	0	2	0		0
Totals for: Cleveland		2,566	8,359	1	6	8	-1	-1	0
Columbus Regional Healthcare System	Columbus	1,510	3,527	1	0	4	-1	0	0
Columbus Regional Same Day Surgery, LLC	Columbus		0		0				1
Totals for: Columbus		1,510	3,527	1	0	4	-1	0	1
Craven Regional Medical Center	Craven	3,669	9,527	3	6	9	-1	0	0
Cape Fear Valley Medical Center	Cumberland	7,252	7,040	5	0	13	-3	0	0
Fayetteville Ambulatory Surgery Center	Cumberland		10,372		11				0
Highsmith-Rainey Memorial Hospital	Cumberland	171	2,895	0	0	4	0	0	0
2006 SMFP Need Determination	Cumberland								1
Totals for: Cumberland		7,423	20,307	5	11	17	-3	0	1
RMS Surgery Center	Dare		2,308		2				0
The Outer Banks Hospital, Inc.	Dare	284	720	1	0	2	-1	0	0
Totals for: Dare		284	3,028	1	2	2	-1	0	0
Lexington Memorial Hospital	Davidson	1,010	2,620	0	0	4	0	0	0
Thomasville Medical Center	Davidson	792	2,350	1	0	5	-1	0	0
Totals for: Davidson		1,802	4,970	1	0	9	-1	0	0
Davie County Hospital	Davie	8	62	0	0	2	0	0	0
Duplin General Hospital, Inc.	Duplin	728	1,319	0	0	3	0	0	0
Duke University Hospital	Durham	15,281	18,216	4	9	32	0	-1	4
Durham Regional Hospital	Durham	4,619	3,546	3	0	12	-2	0	0
James E. Davis Ambulatory Surgical Center	Durham		7,575		8				0
North Carolina Specialty Hospital, LLC	Durham	810	4,557	0	0	4	0	0	0
Totals for: Durham		20,710	33,894	7	17	48	-2	-1	4
Heritage Hospital	Edgecombe	664	1,441	1	0	5	-1	0	0
Forsyth Medical Center	Forsyth	10,153	6,109	5	2	19	-2	0	2
Hawthorne Surgical Center	Forsyth		6,933		4				2
Medical Park Hospital, Inc.	Forsyth	1,170	10,242	0	0	13	0	0	0
North Carolina Baptist Hospitals, Inc.	Forsyth	11,900	15,842	4	0	36	0	-2	0
Plastic Surgery Center Of North Carolina, Inc. *	Forsyth		328		3				0
Totals for: Forsyth		23,223	39,454	9	9	68	-2	-2	4
Franklin Regional Medical Center	Franklin	1,001	1,716	0	0	3	0	0	0
CaroMont Specialty Surgery	Gaston		3,971		6				0
Gaston Memorial Hospital	Gaston	4,051	12,193	5	8	9	-4	0	0
Totals for: Gaston		4,051	16,164	5	14	9	-4	0	0

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Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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Facility Name	County	Inpt.- C-Sec.	Amb. Cases	Inpat. Rms.	Amb. Rms.	Shared Rms.	Exclu. C-Sec.	Exclu Tra/Bur	Adj.CON
Granville Medical Center	Granville	668	1,997	0	0	3	0	0	0
Carolina Birth Center	Guilford		584		1				0
HEALTHSOUTH Greensboro Specialty Surgical Center	Guilford		5,099		3				0
HEALTHSOUTH Surgical Center of Greensboro	Guilford		13,330		13				0
High Point Regional Health System	Guilford	3,643	3,018	3	0	9	-1	-1	1
High Point Surgery Center	Guilford		5,765		6				0
Kindred Hospital - Greensboro	Guilford	829	40	0	0	1	0	0	0
Moses Cone Health System	Guilford	13,447	11,677	4	0	37	0	-1	0
Moses Cone Surgery Center	Guilford		6,735		8				0
Piedmont Surgical Center	Guilford		941		2				0
Surgical Eye Center	Guilford		4,075		4				0
Wesley Long Surgery Center	Guilford		2,637		5				0
Totals for: Guilford		17,919	53,901	7	42	47	-1	-2	1
Halifax Regional Medical Center, Inc.	Halifax	1,716	2,104	0	0	6	0	0	0
Betsy Johnson Regional Hospital	Harnett	1,092	2,334	0	0	4	0	0	0
Good Hope Hospital, Inc. (closed eff. 4/11/2006)	Harnett	0	0	0	0	0	0	0	3
Harnett Health System - Central Campus	Harnett	0	0	0	0	0	0	0	3
Totals for: Harnett		1,092	2,334	0	0	4	0	0	6
Haywood Regional Medical Center	Haywood	1,456	3,008	0	0	7	0	0	0
Margaret R. Pardee Memorial Hospital	Henderson	2,258	4,409	0	0	10	0	0	0
Park Ridge Hospital	Henderson	1,348	4,536	0	0	6	0	0	1C-Sect
Totals for: Henderson		3,606	8,945	0	0	16	0	0	0
Roanoke-Chowan Hospital	Hertford	930	1,835	1	0	5	-1	0	0
Davis Regional Medical Center	Iredell	1,223	2,233	1	0	5	-1	0	0
Iredell Head Neck and Ear Ambulatory Surgery Center Inc.	Iredell		695		1				0
Iredell Memorial Hospital, Incorporated	Iredell	2,561	3,646	1	0	8	0	0	1+1 C-Sect
Iredell Surgical Center	Iredell		1,962		4				0
Lake Norman Regional Medical Center	Iredell	1,942	2,573	1	0	7	-1	0	0
The Surgical Center at Lake Norman	Iredell		2,544		2				0
Totals for: Iredell		5,726	13,653	3	7	20	-2	0	1
Harris Regional Hospital, Inc.	Jackson	869	3,909	0	0	5	0	0	0
Johnston Memorial Hospital	Johnston	2,113	3,562	1	1	4	-1	0	2
Central Carolina Hospital	Lee	1,096	2,833	1	0	5	-1	0	0
Central Carolina Ambulatory Surgery Center	Lee	0	0		0				2
Totals for: Lee		1,096	2,833	1	0	5	-1	0	2
Lenoir Memorial Hospital, Inc.	Lenoir	2,088	3,347	1	0	9	-1	0	0
Carolinas Medical Center - Lincoln	Lincoln	721	1,558	0	0	4	0	0	-1
East Lincoln Medical Center, LLC	Lincoln	0	0	0	0	0	0	0	1
Totals for: Lincoln		721	1,558	0	0	4	0	0	0
Angel Medical Center, Inc.	Macon	286	1,645	1	0	4	-1	0	0
Highlands-Cashiers Hospital, Inc. *	Macon	56	355	0	0	2	0	0	0
Totals for: Macon		342	2,000	1	0	6	-1	0	0

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Martin General Hospital	Martin	300	1,153	0	0	2	0	0	0
The McDowell Hospital	McDowell	441	1,486	1	0	3	-1	0	0
Carolina Medical Center / Center for Mental Health	Mecklenburg	15,600	14,759	10	11	22	-4	-1	0
Carolinas Medical Center - Mercy and Pineville	Mecklenburg	2,810	10,718	2	0	18	-1	0	1C-Sect
Carolinas Medical Center - University	Mecklenburg	1,110	6,973	1	4	9	-1	0	0
Carolinas Surgery Center - Randolph	Mecklenburg		5,598		8				0
Carolina Center for Specialty Surgery (x Edgehill) *	Mecklenburg		21		2				0
HEALTHSOUTH Surgery Center of Charlotte	Mecklenburg		9,814		7				0
Presbyterian Hospital	Mecklenburg	5,622	12,042	6	0	22	-3	0	0
Presbyterian Hospital Huntersville	Mecklenburg	628	3,486	1	0	4	-1	0	0
Presbyterian Hospital Matthews	Mecklenburg	964	5,003	2	0	8	-2	0	0
Presbyterian Orthopaedic Hospital	Mecklenburg	3,223	4,540	0	0	12	0	0	0
Same Day Surgery Center at Ballantyne	Mecklenburg		0		0				3
SameDay Surgery Center at Presbyterian	Mecklenburg		2,870		6				-3
South Park Surgery Center	Mecklenburg		5,920		6				0
Totals for: Mecklenburg		29,957	81,744	22	44	95	-12	-1	0
Spruce Pine Community Hospital	Mitchell	301	742	0	0	3	0	0	0
FirstHealth Montgomery Memorial Hospital	Montgomery	179	642	0	0	2	0	0	0
FirstHealth Moore Reg. Hosp. and Pinehurst Treatment	Moore	6,659	5,377	2	0	14	0	0	2
HEALTHSOUTH Surgery Center of Southern Pines	Moore		9,915		3				0
Surgery Center of Pinehurst, LLC	Moore		2,326		6				0
Totals for: Moore		6,659	17,618	2	9	14	0	0	2
Nash General Hospital	Nash	2,238	7,380	1	0	13	-1	0	0
Atlantic Surgicenter, LLC	New Hanover		0		0				4
New Hanover Regional Medical Center	New Hanover	10,104	18,177	5	5	20	-3	-1	2
Wilmington SurgCare	New Hanover		8,426		7				0
2006 SMFP Need Determination	New Hanover								2
Totals for: New Hanover		10,104	26,603	5	12	20	-3	-1	8
Onslow Memorial Hospital	Onslow	1,815	1,379	1	0	5	-1	0	0
SurgiCare of Jacksonville	Onslow		2,798		4				0
Totals for: Onslow		1,815	4,177	1	4	5	-1	0	0
Chapel Hill Surgical Center, Inc. *	Orange		812		3				0
University of North Carolina Hospitals	Orange	9,168	12,058	3	4	32	-3	-2	4
Totals for: Orange		9,168	12,870	3	7	32	-3	-2	4
Albemarle Hospital	Pasquotank	1,999	4,678	0	0	7	0	0	1
Pender Memorial Hospital, Inc.	Pender	64	207	0	0	2	0	0	0
Person Memorial Hospital	Person	898	2,741	1	0	3	-1	0	1
Pitt County Memorial Hospital	Pitt	9,617	8,939	3	0	22	0	-1	0
Surgicenter Services of Pitt, Inc.	Pitt		9,605		8				0
Totals for: Pitt		9,617	18,544	3	8	22	0	-1	0
St. Luke's Hospital	Polk	509	2,222	0	0	3	0	0	0
Randolph Hospital, Inc.	Randolph	1,249	3,208	1	0	5	-1	0	0

* Chronically underutilized facility; operating rooms in these facilities are excluded from Need Determination calculations.

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Facility Name	County	Inpt.- C-Sec.	Amb. Cases	Inpat. Rms.	Amb. Rms.	Shared Rms.	Exclu. C-Sec.	Exclu Tra/Bur	Adj.CON
FirstHealth Richmond Memorial Hospital	Richmond	468	1,076	1	0	3	-1	0	0
Sandhills Regional Medical Center	Richmond	646	1,190	0	0	3	0	0	0
Totals for: Richmond		1,114	2,266	1	0	6	-1	0	0
Southeastern Regional Medical Center	Robeson	2,215	4,139	1	0	9	0	0	0
Annie Penn Hospital	Rockingham	864	1,524	0	0	4	0	0	0
Morehead Memorial Hospital	Rockingham	1,246	2,428	1	0	5	-1	0	0
Totals for: Rockingham		2,110	3,952	1	0	9	-1	0	0
Rowan Regional Medical Center	Rowan	3,449	5,514	2	2	8	-2	0	1
Rutherford Hospital, Inc.	Rutherford	1,150	2,040	0	0	5	0	0	0
Sampson Regional Medical Center	Sampson	1,093	2,874	0	0	8	0	0	0
Scotland Memorial Hospital and Edwin Morgan Center	Scotland	1,350	2,595	1	0	5	-1	0	0
Stanly Regional Medical Center	Stanly	1,067	3,987	1	0	5	-1	0	0
Stokes-Reynolds Memorial Hospital, Inc.	Stokes	15	664	0	2	2	0	0	0
Hugh Chatham Memorial Hospital, Inc.	Surry	1,018	2,480	0	0	5	0	0	0
Northern Hospital of Surry County	Surry	1,247	2,006	1	0	4	-1	0	0
Totals for: Surry		2,265	4,486	1	0	9	-1	0	0
Swain County Hospital *	Swain	0	0	0	0	2	0	0	0
Transylvania Community Hospital, Inc. And Bridgeway	Transylvania	447	1,933	0	0	4	0	0	0
Carolinas Medical Center - Union	Union	1,495	5,388	0	0	7	0	0	-1
Union Health Services	Union	0	0	0	0	0	0	0	1
Presbyterian Same Day Surgery Center at Monroe	Union	0	0	0	0	0	0	0	1
Totals for: Union		1,495	5,388	0	0	7	0	0	1
Maria Parham Medical Center	Vance	817	2,715	0	0	5	0	0	0
Duke Health Raleigh Hospital	Wake	2,366	8,155	0	0	13	0	0	0
HealthSouth Blue Ridge Surgery Center	Wake		5,055		6				0
Raleigh Plastic Surgery Center, Inc. *	Wake		371		1				0
Raleigh Women's Health Organization, Inc.	Wake		3,100		2				0
Rex Hospital	Wake	9,255	18,222	0	4	27	0	0	0
Southern Eye Associates Ophthalmic Surgery Center *	Wake		487		2				0
WakeMed Raleigh Campus	Wake	7,941	13,629	7	4	18	-3	-1	0
WakeMed Cary Hospital	Wake	1,467	6,770	2	0	9	-2	0	0
WakeMed Apex Day Surgery Center	Wake		0		0				4
2008 SMFP Adjusted Need Determination	Wake					Need Adjusted to 4 OR's in response to a petition.			
Totals for: Wake		21,029	55,789	9	19	67	-5	-1	8
Washington County Hospital, Inc.	Washington	25	483	0	0	2	0	0	0
Blowing Rock Hospital *	Watauga	0	1	0	0	1	0	0	0
Watauga Medical Center, Inc.	Watauga	1,076	3,319	1	0	4	-1	0	1
Totals for: Watauga		1,076	3,320	1	0	5	-1	0	1

* Chronically underutilized facility; operating rooms in these facilities are excluded from Need Determination calculations.

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

(Case Data for 10/01/05 through 9/30/06 as reported on the "2007 Hospital and Ambulatory Surgical Facility License Renewal Applications")

Facility Name	County	Inpt.- C-Sec.	Amb. Cases	Inpat. Rms.	Amb. Rms.	Shared Rms.	Exclu. C-Sec.	Exclu Tra/Bur	Adj.CON
Wayne Memorial Hospital, Inc.	Wayne	3,718	8,192	1	2	10	-1	0	-2
Wayne Ambulatory Surgery Center	Wayne		0		0				3
Totals for: Wayne	Wayne	3,718	8,192	1	2	10	-1	0	1
Wilkes Regional Medical Center	Wilkes	536	1,811	1	0	4	-1	0	0
Wilkes Regional Medical Center Ambulatory Surg. Facility	Wilkes		616		1				0
Totals for: Wilkes	Wilkes	536	2,427	1	1	4	-1	0	0
HealthSouth Surgecenter of Wilson *	Wilson		713		4				0
Wilson OB-GYN	Wilson		529		1				0
Wilson Medical Center	Wilson	2,360	3,890	1	0	9	-1	0	0
Totals for: Wilson	Wilson	2,360	5,132	1	5	9	-1	0	0
Hoots Memorial Hospital, Inc.	Yadkin	1	296	0	0	2	0	0	0

* Chronically underutilized facility; operating rooms in these facilities are excluded from Need Determination calculations.

Table 6B: Projected Operating Room Need for 2010

(Application of the Methodology Continues on the Adjoining Page -- Note Continuation of Column Letters)

A	B	C	D	E	F	G	H	I	J	K	L
Operating Room Service Areas (Single and Multi-County Groupings) <i>Multi-County Groups listed first, followed by Single Counties</i>	Projection of Surgical Operating Room Requirements										
	Estimated Total Surgery Hours							Application of Growth Factor			
	2006 Surgical Cases reported as "Inpatient Cases" (w/o Exclusions)	Avg. Hours for Inpat. Cases	Esti- mated Hours for Inpat. Cases	2006 Surgical Cases reported as "Ambulatory Cases"	Avg. Hours for Amb. Cases	Esti- mated Hours for Amb. Cases	Total Estimated Hours for 2006 (D + G)	Growth Factor 2006-2010 (Population Change Rate)	Projected Surgical Hours Anticipated in 2010	Standard Hours per OR per Year (9/260/80%)	Projected Operating Rooms Required in 2010
Alamance	2,026	3	6,078	6,798	1.5	10,197	16,275	0.0485	17,064.61	1872	9.12
Caswell	0	3	0	0	1.5	0	0	0.0039	0.00	1872	0.00
Alamance-Caswell Totals	2,026	3.0	6,078	6,798	1.5	10,197	16,275	0.0421	16,959.97	1872	9.06
Beaufort	1,039	3.0	3,117	2,537	1.5	3,806	6,923	0.0261	7,103.39	1872	3.79
Hyde	0	3.0	0	0	1.5	0	0	-0.0185	0.00	1872	0.00
Beaufort-Hyde Totals	1,039	3.0	3,117	2,537	1.5	3,806	6,923	0.0214	7,070.55	1872	3.78
Buncombe	13,037	3.0	39,111	27,326	1.5	40,989	80,100	0.0636	85,193.49	1872	45.51
Madison	0	3.0	0	0	1.5	0	0	0.0359	0.00	1872	0.00
Yancey	0	3.0	0	0	1.5	0	0	0.0377	0.00	1872	0.00
Buncombe-Madi-Yan Totals	13,037	3.0	39,111	27,326	1.5	40,989	80,100	0.0596	84,872.86	1872	45.34
Cherokee	358	3.0	1,074	1,873	1.5	2,810	3,884	0.0696	4,153.62	1872	2.22
Clay	0	3.0	0	0	1.5	0	0	0.0842	0.00	1872	0.00
Cherokee-Clay Totals	358	3.0	1,074	1,873	1.5	2,810	3,884	0.0736	4,169.26	1872	2.23
Chowan	614	3.0	1,842	1,117	1.5	1,676	3,518	0.0361	3,644.52	1872	1.95
Tyrrell	0	3.0	0	0	1.5	0	0	0.0224	0.00	1872	0.00
Chowan-Tyrrell Totals	614	3.0	1,842	1,117	1.5	1,676	3,518	0.0330	3,633.67	1872	1.94
Craven	3,669	3.0	11,007	9,527	1.5	14,291	25,298	0.0390	26,285.14	1872	14.04
Jones	0	3.0	0	0	1.5	0	0	0.0204	0.00	1872	0.00
Pamlico	0	3.0	0	0	1.5	0	0	0.0149	0.00	1872	0.00
Craven-Jones-Pamlico Totals	3,669	3.0	11,007	9,527	1.5	14,291	25,298	0.0348	26,177.10	1872	13.98
Halifax	1,716	3.0	5,148	2,104	1.5	3,156	8,304	-0.0187	8,148.53	1872	4.35
Northampton	0	3.0	0	0	1.5	0	0	-0.0002	0.00	1872	0.00
Halifax-Northampton Totals	1,716	3.0	5,148	2,104	1.5	3,156	8,304	-0.0136	8,191.37	1872	4.38
Jackson	869	3.0	2,607	3,909	1.5	5,864	8,471	0.0510	8,902.28	1872	4.76
Graham	0	3.0	0	0	1.5	0	0	0.0196	0.00	1872	0.00
Swain	0	3.0	0	0	1.5	0	0	0.0621	0.00	1872	0.00
Jackson-Graham-Swain Totals	869	3.0	2,607	3,909	1.5	5,864	8,471	0.0493	8,887.80	1872	4.75
Moore	6,659	3.0	19,977	17,618	1.5	26,427	46,404	0.0711	49,702.94	1872	26.55
Hoke	0	3.0	0	0	1.5	0	0	0.1502	0.00	1872	0.00
Moore-Hoke Totals	6,659	3.0	19,977	17,618	1.5	26,427	46,404	0.0979	50,947.70	1872	27.22
Pasquotank	1,999	3.0	5,997	4,678	1.5	7,017	13,014	0.0888	14,170.24	1872	7.57
Camden	0	3.0	0	0	1.5	0	0	0.1357	0.00	1872	0.00
Currituck	0	3.0	0	0	1.5	0	0	0.1235	0.00	1872	0.00
Gates	0	3.0	0	0	1.5	0	0	0.0856	0.00	1872	0.00
Perquimans	0	3.0	0	0	1.5	0	0	0.0739	0.00	1872	0.00
Pasquo-Cam-Cur-Gat-Perq. Totals	1,999	3.0	5,997	4,678	1.5	7,017	13,014	0.0995	14,308.64	1872	7.64
Pitt	9,617	3.0	28,851	18,544	1.5	27,816	56,667	0.0692	60,589.23	1872	32.37
Greene	0	3.0	0	0	1.5	0	0	0.0387	0.00	1872	0.00
Pitt-Greene Totals	9,617	3.0	28,851	18,544	1.5	27,816	56,667	0.0654	60,373.60	1872	32.25
Vance	817	3.0	2,451	2,715	1.5	4,073	6,524	0.0234	6,676.17	1872	3.57
Warren	0	3.0	0	0	1.5	0	0	0.0014	0.00	1872	0.00
Vance-Warren Totals	817	3.0	2,451	2,715	1.5	4,073	6,524	0.0165	6,631.21	1872	3.54

Table 6B: Projected Operating Room Need for 2010

(Application of the Methodology -- Continued)

Column A (Repeated for reference)	M	N	O	P	Q	R	S	T	U
Operating Room Service Areas (Single and Multi-County Groupings) <i>Multi-County Groups listed first, followed by Single Counties</i>	2006 Inventory of Operating Rooms in Licensed Facilities <i>with Adjustments</i>					Adjustment for CONs Issued, Settlement Agreements and Previous Need	Adjusted Planning Inventory (Operating Rooms)	Projected Operating Room Deficit or Surplus: (Surplus shows as a "+")	Projected Need for New Operating Rooms
	Inventory of Existing Operating Rooms		Adjustment	Adjustment					
		Number of Inpatient Operating Rooms	Number of Ambulatory Operating Rooms	Number of Shared Operating Rooms	Exclusion of Dedicated C-Section Rooms	Exclusion of One OR for each Level I, II, & III Trauma Center & Burn Unit			
Alamance	2	0	11	-2	0	1	12.00	-2.88	
Caswell	0	0	0	0	0	0	0.00	0.00	
Alamance-Caswell Totals	2	0	11	-2	0	1	12.00	-2.94	0
Beaufort	1	0	5	-1	0	0	5.00	-1.21	
Hyde	0	0	0	0	0	0	0.00	0.00	
Beaufort-Hyde Totals	1	0	5	-1	0	0	5.00	-1.22	0
Buncombe	21	19	9	-2	-1	4	50.00	-4.49	
Madison	0	0	0	0	0	0	0.00	0.00	
Yancey	0	0	0	0	0	0	0.00	0.00	
Buncombe-Madi-Yan Totals	21	19	9	-2	-1	4	50.00	-4.66	0
Cherokee	0	0	4	0	0	0	4.00	-1.78	
Clay	0	0	0	0	0	0	0.00	0.00	
Cherokee-Clay Totals	0	0	4	0	0	0	4.00	-1.77	0
Chowan	0	0	3	0	0	0	3.00	-1.05	
Tyrrell	0	0	0	0	0	0	0.00	0.00	
Chowan-Tyrrell Totals	0	0	3	0	0	0	3.00	-1.06	0
Craven	3	6	9	-1	0	0	17.00	-2.96	
Jones	0	0	0	0	0	0	0.00	0.00	
Pamlico	0	0	0	0	0	0	0.00	0.00	
Craven-Jones-Pamlico Totals	3	6	9	-1	0	0	17.00	-3.02	0
Halifax	0	0	6	0	0	0	6.00	-1.65	
Northampton	0	0	0	0	0	0	0.00	0.00	
Halifax-Northampton Totals	0	0	6	0	0	0	6.00	-1.62	0
Jackson	0	0	5	0	0	0	5.00	-0.24	
Graham	0	0	0	0	0	0	0.00	0.00	
Swain	0	0	0	0	0	0	0.00	0.00	
Jackson-Graham-Swain Totals	0	0	5	0	0	0	5.00	-0.25	0
Moore	2	9	14	0	0	2	27.00	-0.45	
Hoke	0	0	0	0	0	0	0.00	0.00	
Moore-Hoke Totals	2	9	14	0	0	2	27.00	0.22	0
Pasquotank	0	0	7	0	0	1	8.00	-0.43	
Camden	0	0	0	0	0	0	0.00	0.00	
Currituck	0	0	0	0	0	0	0.00	0.00	
Gates	0	0	0	0	0	0	0.00	0.00	
Perquimans	0	0	0	0	0	0	0.00	0.00	
Pasquo-Cam-Cur-Gat-Perq. Totals	0	0	7	0	0	1	8.00	-0.36	0
Pitt	3	8	22	0	-1	0	32.00	0.37	
Greene	0	0	0	0	0	0	0.00	0.00	
Pitt-Greene Totals	3	8	22	0	-1	0	32.00	0.25	0
Vance	0	0	5	0	0	0	5.00	-1.43	
Warren	0	0	0	0	0	0	0.00	0.00	
Vance-Warren Totals	0	0	5	0	0	0	5.00	-1.46	0

Table 6B: Projected Operating Room Need for 2010

(Application of the Methodology Continues on the Adjoining Page -- Note Continuation of Column Letters)

A	B	C	D	E	F	G	H	I	J	K	L
Operating Room Service Areas (Single and Multi-County Groupings) <i>Multi-County Groups listed first, followed by Single Counties</i>	Projection of Surgical Operating Room Requirements										
	Estimated Total Surgery Hours							Application of Growth Factor			
	2006 Surgical Cases reported as "Inpatient Cases" (w/o Exclusions)	Avg. Hours for Inpat. Cases	Esti- mated Hours for Inpat. Cases	2006 Surgical Cases reported as "Ambulatory Cases"	Avg. Hours for Amb. Cases	Esti- mated Hours for Amb. Cases	Total Estimated Hours for 2006 (D + G)	Growth Factor 2006-2010 (Population Change Rate)	Projected Surgical Hours Anticipated in 2010	Standard Hours per OR per Year (9/260/80%)	Projected Operating Rooms Required in 2010
Alexander	0	3.0	0	0	1.5	0	0	0.0450	0.00	1872	0.00
Alleghany	26	3.0	78	221	1.5	332	410	0.0305	421.97	1872	0.23
Anson	133	3.0	399	461	1.5	692	1,091	-0.0257	1,062.43	1872	0.57
Ashe	235	3.0	705	615	1.5	923	1,628	0.0416	1,695.18	1872	0.91
Avery	218	3.0	654	344	1.5	516	1,170	0.0114	1,183.33	1872	0.63
Bertie	19	3.0	57	743	1.5	1,115	1,172	-0.0249	1,142.38	1872	0.61
Bladen	277	3.0	831	486	1.5	729	1,560	0.0148	1,583.16	1872	0.85
Brunswick	1,018	3.0	3,054	2,946	1.5	4,419	7,473	0.1697	8,740.90	1872	4.67
Burke	1,593	3.0	4,779	7,112	1.5	10,668	15,447	0.0174	15,715.30	1872	8.39
Cabarrus	5,096	3.0	15,288	13,856	1.5	20,784	36,072	0.1317	40,823.35	1872	21.81
Caldwell	548	3.0	1,644	3,006	1.5	4,509	6,153	0.0231	6,295.00	1872	3.36
Carteret	1,979	3.0	5,937	3,618	1.5	5,427	11,364	0.0439	11,863.21	1872	6.34
Catawba	6,093	3.0	18,279	17,519	1.5	26,279	44,558	0.0516	46,858.41	1872	25.03
Chatham	53	3.0	159	194	1.5	291	450	0.0932	491.95	1872	0.26
Cleveland	2,566	3.0	7,698	6,614	1.5	9,921	17,619	0.0055	17,716.09	1872	9.46
Columbus	1,510	3.0	4,530	3,527	1.5	5,291	9,821	0.0174	9,991.16	1872	5.34
Cumberland	7,423	3.0	22,269	20,307	1.5	30,461	52,730	0.0186	53,712.89	1872	28.69
Dare	284	3.0	852	3,028	1.5	4,542	5,394	0.0544	5,687.39	1872	3.04
Davidson	1,802	3.0	5,406	4,970	1.5	7,455	12,861	0.0356	13,319.08	1872	7.11
Davie	8	3.0	24	62	1.5	93	117	0.0883	127.33	1872	0.07
Duplin	728	3.0	2,184	1,319	1.5	1,979	4,163	0.0599	4,411.66	1872	2.36
Durham	20,710	3.0	62,130	33,894	1.5	50,841	112,971	0.0662	120,455.26	1872	64.35
Edgecombe	664	3.0	1,992	1,441	1.5	2,162	4,154	-0.0277	4,038.54	1872	2.16
Forsyth	23,223	3.0	69,669	39,126	1.5	58,689	128,358	0.0603	136,098.91	1872	72.70
Franklin	1,001	3.0	3,003	1,716	1.5	2,574	5,577	0.0896	6,076.57	1872	3.25
Gaston	4,051	3.0	12,153	16,164	1.5	24,246	36,399	0.0432	37,972.84	1872	20.28
Granville	668	3.0	2,004	1,997	1.5	2,996	5,000	0.0561	5,279.86	1872	2.82
Guilford	17,919	3.0	53,757	53,901	1.5	80,852	134,609	0.0601	142,696.92	1872	76.23
Harnett	1,092	3.0	3,276	2,334	1.5	3,501	6,777	0.0823	7,334.49	1872	3.92
Haywood	1,456	3.0	4,368	3,008	1.5	4,512	8,880	0.0281	9,129.49	1872	4.88
Henderson	3,606	3.0	10,818	8,945	1.5	13,418	24,236	0.0802	26,179.55	1872	13.98
Hertford	930	3.0	2,790	1,835	1.5	2,753	5,543	0.0079	5,586.33	1872	2.98
Iredell	5,726	3.0	17,178	13,653	1.5	20,480	37,658	0.1187	42,127.18	1872	22.50
Johnston	2,113	3.0	6,339	3,562	1.5	5,343	11,682	0.1323	13,227.13	1872	7.07
Lee	1,096	3.0	3,288	2,833	1.5	4,250	7,538	0.0749	8,101.84	1872	4.33
Lenoir	2,088	3.0	6,264	3,347	1.5	5,021	11,285	-0.0028	11,252.88	1872	6.01
Lincoln	721	3.0	2,163	1,558	1.5	2,337	4,500	0.0839	4,877.37	1872	2.61
Macon	286	3.0	858	1,645	1.5	2,468	3,326	0.0760	3,578.14	1872	1.91
Martin	300	3.0	900	1,153	1.5	1,730	2,630	-0.0164	2,586.49	1872	1.38
McDowell	441	3.0	1,323	1,486	1.5	2,229	3,552	0.0366	3,682.00	1872	1.97
Mecklenburg	29,957	3.0	89,871	81,723	1.5	122,585	212,456	0.1255	239,116.21	1872	127.73
Mitchell	301	3.0	903	742	1.5	1,113	2,016	0.0069	2,029.95	1872	1.08
Montgomery	179	3.0	537	642	1.5	963	1,500	0.0279	1,541.88	1872	0.82
Nash	2,238	3.0	6,714	7,380	1.5	11,070	17,784	0.0378	18,456.81	1872	9.86

Table 6B: Projected Operating Room Need for 2010

(Application of the Methodology -- Continued)

Column A (Repeated for reference)	M	N	O	P	Q	R	S	T	U
Operating Room Service Areas (Single and Multi-County Groupings) Multi-County Groups listed first, followed by Single Counties	2006 Inventory of Operating Rooms in Licensed Facilities with Adjustments					Adjustment for CONs Issued, Settlement Agreements and Previous Need	Adjusted Planning Inventory (Operating Rooms)	Projected Operating Room Deficit or Surplus (Surplus shows as a "+")	Projected Need for New Operating Rooms
	Inventory of Existing Operating Rooms		Adjustment		Adjustment				
	Number of Inpatient Operating Rooms	Number of Ambulatory Operating Rooms	Number of Shared Operating Rooms	Exclusion of Dedicated C-Section Rooms	Exclusion of One OR for each Level I, II, & III Trauma Center & Burn Unit				
Alexander	0	0	2	0	0	0	2.00	-2.00	0
Alleghany	0	0	2	0	0	0	2.00	-1.77	0
Anson	0	0	2	0	0	0	2.00	-1.43	0
Ashe	0	0	2	0	0	0	2.00	-1.09	0
Avery	0	0	2	0	0	0	2.00	-1.37	0
Bertie	0	0	2	0	0	0	2.00	-1.39	0
Bladen	0	0	2	0	0	0	2.00	-1.15	0
Brunswick	1	0	5	-1	0	1	6.00	-1.33	0
Burke	1	2	9	-1	0	0	11.00	-2.61	0
Cabarrus	4	6	17	-2	-1	0	24.00	-2.19	0
Caldwell	1	3	4	-1	0	0	7.00	-3.64	0
Carteret	1	2	5	-1	0	0	7.00	-0.66	0
Catawba	3	8	27	-1	0	0	37.00	-11.97	0
Chatham	0	0	2	0	0	0	2.00	-1.74	0
Cleveland	1	2	8	-1	-1	0	9.00	0.46	0
Columbus	1	0	4	-1	0	1	5.00	0.34	0
Cumberland	5	11	17	-3	0	1	31.00	-2.31	0
Dare	1	2	2	-1	0	0	4.00	-0.96	0
Davidson	1	0	9	-1	0	0	9.00	-1.89	0
Davie	0	0	2	0	0	0	2.00	-1.93	0
Duplin	0	0	3	0	0	0	3.00	-0.64	0
Durham	7	17	48	-2	-1	4	73.00	-8.65	0
Edgecombe	1	0	5	-1	0	0	5.00	-2.84	0
Forsyth	9	6	68	-2	-2	4	83.00	-10.30	0
Franklin	0	0	3	0	0	0	3.00	0.25	0
Gaston	5	14	9	-4	0	0	24.00	-3.72	0
Granville	0	0	3	0	0	0	3.00	-0.18	0
Guilford	7	42	47	-1	-2	1	94.00	-17.77	0
Harnett	0	0	4	0	0	6	10.00	-6.08	0
Haywood	0	0	7	0	0	0	7.00	-2.12	0
Henderson	0	0	16	0	0	0	16.00	-2.02	0
Hertford	1	0	5	-1	0	0	5.00	-2.02	0
Iredell	3	7	20	-2	0	1	29.00	-6.50	0
Johnston	1	1	4	-1	0	2	7.00	0.07	0
Lee	1	0	5	-1	0	2	7.00	-2.67	0
Lenoir	1	0	9	-1	0	0	9.00	-2.99	0
Lincoln	0	0	4	0	0	0	4.00	-1.39	0
Macon	1	0	4	-1	0	0	4.00	-2.09	0
Martin	0	0	2	0	0	0	2.00	-0.62	0
McDowell	1	0	3	-1	0	0	3.00	-1.03	0
Mecklenburg	22	42	95	-12	-1	0	146.00	-18.27	0
Mitchell	0	0	3	0	0	0	3.00	-1.92	0
Montgomery	0	0	2	0	0	0	2.00	-1.18	0
Nash	1	0	13	-1	0	0	13.00	-3.14	0

Table 6B: Projected Operating Room Need for 2010

(Application of the Methodology Continues on the Adjoining Page -- Note Continuation of Column Letters)

A	B	C	D	E	F	G	H	I	J	K	L
Operating Room Service Areas (Single and Multi-County Groupings) <i>Multi-County Groups listed first, followed by Single Counties</i>	Projection of Surgical Operating Room Requirements										
	Estimated Total Surgery Hours							Application of Growth Factor			
	2006 Surgical Cases reported as "Inpatient Cases" (w/o Exclusions)	Avg. Hours for Inpat. Cases	Esti- mated Hours for Inpat. Cases	2006 Surgical Cases reported as "Ambulatory Cases"	Avg. Hours for Amb. Cases	Esti- mated Hours for Amb. Cases	Total Estimated Hours for 2006 (D + G)	Growth Factor 2006-2010 (Population Change Rate)	Projected Surgical Hours Anticipated in 2010	Standard Hours per OR per Year (9/26/80%)	Projected Operating Rooms Required in 2010
New Hanover	10,104	3.0	30,312	26,603	1.5	39,905	70,217	0.0934	76,774.94	1872	41.01
Onslow	1,815	3.0	5,445	4,177	1.5	6,266	11,711	0.0346	12,115.44	1872	6.47
Orange	9,168	3.0	27,504	12,058	1.5	18,087	45,591	0.0479	47,774.37	1872	25.52
Pender	64	3.0	192	207	1.5	311	503	0.1326	569.11	1872	0.30
Person	898	3.0	2,694	2,741	1.5	4,112	6,806	0.0357	7,048.16	1872	3.77
Polk	509	3.0	1,527	2,222	1.5	3,333	4,860	0.0360	5,035.17	1872	2.69
Randolph	1,249	3.0	3,747	3,208	1.5	4,812	8,559	0.0468	8,959.83	1872	4.79
Richmond	1,114	3.0	3,342	2,266	1.5	3,399	6,741	0.0075	6,791.23	1872	3.63
Robeson	2,215	3.0	6,645	4,139	1.5	6,209	12,854	0.0405	13,374.10	1872	7.14
Rockingham	2,110	3.0	6,330	3,952	1.5	5,928	12,258	0.0045	12,313.52	1872	6.58
Rowan	3,449	3.0	10,347	5,514	1.5	8,271	18,618	0.0350	19,270.48	1872	10.29
Rutherford	1,150	3.0	3,450	2,040	1.5	3,060	6,510	0.0076	6,559.77	1872	3.50
Sampson	1,093	3.0	3,279	2,874	1.5	4,311	7,590	0.0531	7,992.80	1872	4.27
Scotland	1,350	3.0	4,050	2,595	1.5	3,893	7,943	0.0157	8,067.24	1872	4.31
Stanly	1,067	3.0	3,201	3,987	1.5	5,981	9,182	0.0184	9,350.76	1872	5.00
Stokes	15	3.0	45	664	1.5	996	1,041	0.0275	1,069.62	1872	0.57
Surry	2,265	3.0	6,795	4,486	1.5	6,729	13,524	0.0240	13,848.02	1872	7.40
Transylvania	447	3.0	1,341	1,933	1.5	2,900	4,241	0.0416	4,416.94	1872	2.36
Union	1,495	3.0	4,485	5,388	1.5	8,082	12,567	0.1927	14,988.40	1872	8.01
Wake	21,029	3.0	63,087	54,931	1.5	82,397	145,484	0.1479	166,999.51	1872	89.21
Washington	25	3.0	75	483	1.5	725	800	-0.0134	788.79	1872	0.42
Watauga	1,076	3.0	3,228	3,319	1.5	4,979	8,207	0.0246	8,408.42	1872	4.49
Wayne	3,718	3.0	11,154	8,192	1.5	12,288	23,442	0.0167	23,833.24	1872	12.73
Wilkes	536	3.0	1,608	2,427	1.5	3,641	5,249	0.0138	5,321.04	1872	2.84
Wilson	2,360	3.0	7,080	4,419	1.5	6,629	13,709	0.0355	14,194.75	1872	7.58
Yadkin	1	3.0	3	296	1.5	444	447	0.0430	466.21	1872	0.25
STATE TOTALS:											
	265,117			638,900				0.0705			1,005

Table 6B: Projected Operating Room Need for 2010

(Application of the Methodology -- Continued)

Column A (Repeated for reference)	M	N	O	P	Q	R	S	T	U
Operating Room Service Areas (Single and Multi-County Groupings) <i>Multi-County Groups listed first, followed by Single Counties</i>	2006 Inventory of Operating Rooms in Licensed Facilities <i>with</i> Adjustments					Adjustment for CONs Issued, Settlement Agreements and Previous Need	Adjusted Planning Inventory (Operating Rooms)	Projected Operating Room Deficit or Surplus (Surplus shows as a "+")	Projected Need for New Operating Rooms
	Inventory of Existing Operating Rooms			Adjustment	Adjustment				
	Number of Inpatient Operating Rooms	Number of Ambulatory Operating Rooms	Number of Shared Operating Rooms	Exclusion of Dedicated C-Section Rooms	Exclusion of One OR for each Level I, II, & III Trauma Center & Burn Unit				
New Hanover	5	12	20	-3	-1	8	41.00	0.01	0
Onslow	1	4	5	-1	0	0	9.00	-2.53	0
Orange	3	4	32	-3	-2	4	38.00	-12.48	0
Pender	0	0	2	0	0	0	2.00	-1.70	0
Person	1	0	3	-1	0	1	4.00	-0.23	0
Polk	0	0	3	0	0	0	3.00	-0.31	0
Randolph	1	0	5	-1	0	0	5.00	-0.21	0
Richmond	1	0	6	-1	0	0	6.00	-2.37	0
Robeson	1	0	9	0	0	0	10.00	-2.86	0
Rockingham	1	0	9	-1	0	0	9.00	-2.42	0
Rowan	2	2	8	-2	0	1	11.00	-0.71	0
Rutherford	0	0	5	0	0	0	5.00	-1.50	0
Sampson	0	0	8	0	0	0	8.00	-3.73	0
Scotland	1	0	5	-1	0	0	5.00	-0.69	0
Stanly	1	0	5	-1	0	0	5.00	0.00	0
Stokes	0	2	2	0	0	0	4.00	-3.43	0
Surry	1	0	9	-1	0	0	9.00	-1.60	0
Transylvania	0	0	4	0	0	0	4.00	-1.64	0
Union	0	0	7	0	0	1	8.00	0.01	0
Wake	9	16	67	-5	-1	8	94.00	-4.79	4*
Washington	0	0	2	0	0	0	2.00	-1.58	0
Watauga	1	0	4	-1	0	1	5.00	-0.51	0
Wayne	1	2	10	-1	0	1	13.00	-0.27	0
Wilkes	1	1	4	-1	0	0	5.00	-2.16	0
Wilson	1	1	9	-1	0	0	10.00	-2.42	0
Yadkin	0	0	2	0	0	0	2.00	-1.75	0
STATE TOTALS:	145	251	852	-76	-14	56	1,214		4

*Need adjusted to 4 Operating Rooms in response to a petition.

Table 6C: Operating Room Need Determinations
(Scheduled for Certificate of Need Review Commencing in 2008)

Operating Room Service Area	Operating Room Need Determination *	Certificate of Need Application Due Date **	Certificate of Need Beginning Review Date
Wake County	4	To Be Determined	To Be Determined

* Need Determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (see Chapter 3).

Recommendations and Related Materials

from the

**TECHNOLOGY AND
EQUIPMENT COMMITTEE**

for the

September 26, 2007

State Health Coordinating Council Meeting

Technology and Equipment Committee
Recommendations to the N.C. State Health Coordinating Council
Related to Chapter 9 of the Final 2008 SMFP
For the September 26, 2007 SHCC Meeting

A. Recommendations Related to Lithotripsy:

The Committee recommends that no need exists for additional lithotripters anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Final 2008 SMFP.

B. Recommendations Related to Gamma Knife:

The Committee recommends that no need exists for an additional Gamma Knife anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Final 2008 SMFP.

C. Recommendations Related to Linear Accelerators:

The methodology incorporates a geographic accessibility criterion (population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when ESTV Procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a criterion that when a service area has 45% or more of the patients coming from outside the service area. A need determination is generated when two of the three criteria are met within a service area.

In addition, it was suggested by some radiation oncologists last year that we do not count CPT Code 77427, weekly radiation therapy management, in the totals of freestanding radiation oncology centers. We did accept that advice last year and removed the totals for CPT Code 77427 from the totals. We have removed the totals for CPT Code 77427 from table 9G.

As Table 9H indicates, there are two service areas where the threshold equals .25+; however, there is no need determination for Service Areas 17 and 18 because these service areas do not meet the criterion of a population base of 120,000 per linear accelerator.

The Committee recommends that there is no need based on the regular methodology for any additional linear accelerator anywhere in the State unless there are adjusted need determinations that are approved based on petitions.

There were 3 petitions.

Petitions:

Moses Cone Health System

The Committee recommends denial of the petition in its request for an adjusted need determination in Linear Accelerator Service Area 12 (Guilford & Rockingham) to add one (1) linear accelerator with stereotactic radiosurgery capabilities.

Cape Fear Valley Health System

The Committee recommends denial of the petition in its request for separating the Cyber Knife linear accelerator from the regular category of linear accelerator equipment. The Committee further recommends approval of an adjusted need determination for an additional linear accelerator in Linear Accelerator Service Area 18 in the Final 2008 SMFP. However, it does not recommend creating a need determination that specifies certain configurations or specifications.

Rex Hospital

The Committee recommends denial of the petition in its request to add the entity in Franklin County to the inventory of linear accelerators because a determination has not been made to date as to whether or not an oncology treatment center was developed prior to August 2005.

D. Recommendations Related to Positron Emission Tomography (PET) Scanners:

The Committee recommends that there is a need determination based on the methodology in the Proposed 2008 SMFP for one fixed dedicated PET scanner in HSA II. The Committee recommends that the methodology in the Positron Emission Tomography (PET) Scanners Section of Chapter 9 of the Proposed 2008 SMFP shall continue over into the Final 2008 SMFP, including retaining the annual capacity of a fixed dedicated PET scanner at 2,600 procedures. By the recommended approval of the petition from the Presbyterian Hospital, there is an adjusted need determination for a fixed dedicated PET scanner in Health Service Area (HSA) III. There is no need for any additional fixed dedicated PET scanners anywhere else in the State.

It is recommended that there is no need for any additional mobile dedicated PET scanners anywhere in the State.

Petition:

The Presbyterian Hospital

The Committee recommends approval of the petition in its request to adjust the need determination contained in the Proposed 2008 State Medical Facilities Plan (SMFP) in Table 9M, page 122, to show a need determination for a fixed dedicated positron emission tomography (PET) scanner in Health Service Area (HSA) III.

E. Recommendations Related to Magnetic Resonance Imaging (MRI)

Table 9O includes tiers based on the number of scanners in a MRI Scanner Service Area. In addition, equivalents for the mobile scanners in the service areas are found in the

column labeled Fixed Equivalent Magnets. It is recommended that Table 90 be adopted and with its adoption there is a need for an additional MRI scanner in each of the 11 MRI Scanner Service Areas of Carteret, Chowan, Craven, Forsyth, Jackson, Lenoir, Lincoln, Orange, Surry, Vance-Warren, and Wilkes. It is recommended that there is no need based on the regular methodology for any additional fixed MRI scanners anywhere else in the State unless there are adjusted need determinations that are approved based on petitions.

The Committee recommends an adjusted need determination for 2 demonstration projects for a multi-position MRI scanner to be included in the Final 2008 SMFP. One demonstration project shall be located in the western portion of the state (HSAs I, II, and III). One demonstration project shall be located in the eastern portion of the state (HSAs IV, V and VI).

The multi-position MRI scanners are MRI scanners that can be placed in an upright position. The multi-position MRI scanners shall not be counted in the regular inventory of MRI scanners for the 1st year of operation. After the 1st year of operation they would be placed in the inventory of the MRI Service Area in which it is located. They could not later be replaced with a conventional MRI scanner. There would be equal access to all spine surgeons (both neurological and orthopaedic surgeons in the state). An annual report would be provided to the CON and Medical Facilities Planning Sections outlining the utilization of the MRI scanners and the patient mix of insured, underinsured, and uninsured clients.

Petitions:

Alliance Imaging Inc.

The Committee recommends denial of the petition in its request for a change in Chapter 9 of the Final 2008 SMFP to include the following statement: "There is no need for any additional mobile magnetic resonance imaging scanners anywhere in the State."

Ashe Memorial Hospital

The Committee recommends approval of the petition in regards to an adjusted need determination for a fixed MRI scanner for the Ashe MRI Service Area in the Final 2008 SMFP given the geographic issues and the limited access to mobile MRI services.

Greensboro Orthopaedics, P.A.

The Committee recommends denial of the petition in regards to an adjusted need determination for a fixed MRI scanner for the Guilford MRI service area in the Final 2008 SMFP.

HOPE, A Women's Cancer Center

The Committee recommends denial of the petition in regards to an adjusted need determination for one (1) dedicated breast MRI scanner for HSA I.

F. Recommendations Related to Cardiac Catheterization Equipment

The Committee recommends that there is a need determination through the regular methodology of 2 additional fixed units of cardiac catheterization equipment: one each in Catawba County and one each in Moore County to be included in the Final 2008 SMFP. Services shall only be approved for development on hospital sites. It is determined that no need exists for additional units of fixed cardiac catheterization equipment anywhere else in the State and no other reviews are scheduled. It is recommended that it is further determined that mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites.

It is also determined through the regular methodology that there is no need for additional units of shared fixed cardiac catheterization equipment unless there are adjusted need determinations that are approved based on petitions.

Petitions:

Halifax Regional Medical Center

The Committee recommends approval of the petition for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Halifax County.

Scotland Memorial

The Committee recommends approval of the petition for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Scotland County.

TO: Long Term and Behavioral Health Committee
FR: Edward R. Jagnandan
Executive Director, Wilson Housing Authority
RE: Clarification to Agency Report to Adult Care Home Petition
DATE: September 14, 2007

- We take exception to the standard methodology used to determine bed utilization as it does not take into account other factors that determine the need for long term care. The methodology works against the disabled adult population, living alone, and *under the poverty level*, that are in need of services. We requested that the methodology be reviewed to include other factors affecting need.
- A meeting with Wilson County Social Service Department revealed that the number of empty beds in adult day care is lower than reported by the plan, as it does include family care homes that, due to their size, are not able to provide the type of services required in an adult care home. A 10% vacancy rate in assisted living/nursing home facilities is considered full occupancy in all other states
- Existing adult care homes select the residents they want to admit. Telephone calls were made to all five adult care homes in the City of Wilson and although they had empty beds they were reluctant to admit individuals in wheel-chair, who were incontinent, or suffering from the early stages of Alzheimer's disease.
- Aging in place occurs when individuals are able to remain in the community where they have lived all their lives. That is the case for Continuum of Care Retirement Community where residents need to move from independent units to assisted living units within the same campus. Wilson Housing Authority residents will remain in the same campus, among friends and family members, and will receive services in private units, with private bathrooms, subsidized by the federal government. Adult Day Care homes provide to our residents only shared accommodations with common bathrooms shared by five other residents.
- Cost savings comes from the fact that these residents will avoid premature nursing home admission if given the opportunity to stay in their homes with the required services as well as less hospital admission and emergency room visits with services that will improve their cognitive and physical health.
- North Carolina lags behind other states in the nation that have successfully embraced public housing assisted living models. Numerous precedents exist in other states. We have provided the department with the names and phone numbers of state departments and housing authorities that have implemented this type of project. HUD (Department of Housing and Urban Development) and the Department of Health & Human Services (HHS) are in the process of signing an agreement to promote this type of projects throughout the U.S. This is a good precedent to set in North Carolina. The Department's concern should be the welfare of the low-income elderly/disabled North Carolinians.
- The physical plant requirement of expanding the corridors from 5' to 6' to comply with the Institutional building code is not possible in Tasman Towers. The Division's Construction Section indicated that the widening of corridors pertain only if the facility admits more than six individuals unable to evacuate on their

- own. Wilson Housing Authority will not admit more than six individuals unable to evacuate on their own to their future project.
- Assisted living facilities are "home like" facilities. No 24 hour nursing/medical services are permitted. An individual that needs this higher level of care needs to be transferred to a nursing home – a "healthcare" facility. An assisted living license requires that assistance with activities of daily living, bathing, grooming, eating, transferring, toileting, be provided by unlicensed staff. Nursing oversight is performed by home health care nurses or by a registered nurse under contract. There is no conflict with the licensing requirements in our statement that healthcare services will be contracted out to home health agencies or registered nurses already providing these services.
 - Originally, Adult Care Homes were not included in the certificate of need requirement, as is the case in most other states. In most cases, nursing homes, hospitals, acute care facilities, amongst others, are included in a certificate of need requirement. Adult Care Homes were included in the certificate of need temporarily until "a finding of a more definitive means of developing and maintaining the quality of adult care homes beds is found". Public Housing assisted living projects represent a new solution to the rising costs and low quality services that the state is faced with today.
 - Options given by the department fail to address the need for 24-hour supervision and these options are currently in a moratorium. We have discussed with the department both the Home Option and the Multi-Unit Assisted Housing with Services to find out that no funding is available for these options.

Respectfully, we understand why the industry association is objecting to this type of project since after all they have to represent the interests of their membership. However, we fail to understand the reluctance of the HHS department to test this project that has proven to be so successful in curtailing costs and improving the health and well-being of the poor seniors and disabled adults in most of the states of this nation. We can only conclude that there are other agendas than improving the care of these deserving and often neglected North Carolinians.

The housing Authority firmly believes that this is a moral issue and that our residents deserve better. We hope that the Long Term & Behavioral Health Committee will consider the best interests of these North Carolinians, and approve our petition.



*Hospice of Davidson County . . .
We Make the Difference*

Ask for us by name – Your Hometown Hospice

September 5, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Health Services Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Mr. Cogley:

Hospice of Davidson County, NC, Inc acknowledges that Kate B. Reynolds Hospice Home in Winston Salem has been instrumental in meeting the needs of terminally patients in and around Forsyth County, however we oppose the approval of the special needs petition for more beds at this time.

Our opposition is based upon the impact expected once our hospice house is completed in 2008 and those being constructed in surrounding counties. Currently, patients from counties adjacent to Forsyth County use the Kate B. Reynolds Hospice House. One the new facilities are constructed, patients will have the option of using several facilities capable of meeting the needs of hospice facility care. Adding additional beds now will not add value but risk creation of occupancy issues.

Ones the facilities currently under construction begin to serve patients, the need for additional beds should be re-evaluated to ensure the needs in our communities are being met.

Sincerely,

Gary M. Drake
Chief Executive Officer
Hospice of Davidson County, NC, Inc

DPS Health Planning
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SEP 07 2007

Medical Facilities
PLANNING SECTION



HOSPICE of Davidson County, Inc.
524 South State Street; P.O. Box 1941
Lexington, North Carolina 27293-1941
(336) 248-6185 or 1 (800) 768-4677 Fax: (336) 248-4574



Recommendations and Related Materials

from the

**Long-Term and Behavioral
Health Committee**

for the

September 26, 2007

State Health Coordinating Council Meeting

Long-Term and Behavioral Health Committee
Recommendations to the N. C. State Health Coordinating Council
September 26, 2007

On September 14, 2007, the Long-Term and Behavioral Health Committee met to consider petitions and comments in response to the Proposed 2008 State Medical Facilities Plan. Copies of Agency Reports, Petitions and Comments are enclosed.

Nursing Care Facilities: Chapter 10 – pages 155 to 177 of the Proposed 2008 Plan.

No petitions or comments were received on the Nursing Care Facilities chapter of the Proposed 2008 Plan during the public comment period.

Based on the standard methodology, the Proposed 2008 Plan identified need for new nursing facility beds in four counties: Camden – 10 beds; Lincoln – 30 beds; Perquimans – 20 beds; and, Union – 90 beds. No inventory changes have occurred to date that result in a change in need determinations based on the standard methodology. The committee recommends that the Nursing Care Facilities policies, assumptions, methodology and need determinations be approved.

Adult Care Homes: Chapter 11 – pages 179 to 211 of the Proposed 2008 Plan.

One petition was received on the Adult Care Homes chapter of the Proposed 2008 Plan during the public comment period.

Adult Care Home Petition from the Housing Authority of the City of Wilson. (Please refer to Attachment - Adult Care Home Petition) The petitioner requests a need determination for 58 adult care home beds in Wilson County. The Committee recommends that the petition be denied.

The committee recommends that the Adult Care Homes policies, assumptions, methodology and need determinations be approved. Based on the standard methodology in the Proposed 2008 Plan, there are to date, 16 counties with need determinations for a total of 880 beds. The counties and number of beds are: Alexander – 10; Alleghany – 40; Camden – 20; Carteret – 120; Cherokee – 150; Currituck – 90; Gates – 40; Haywood – 50; Hyde – 30; Jones – 30; Macon – 130; Mitchell – 80; Perquimans 30; Polk – 20; Tyrrell – 20; and, Washington – 20.

Home Health Services – Chapter 12 – pages 213 to 251 of the Proposed 2008 Plan.

No petitions or comments were received on the Home Health Services chapter of the Proposed 2008 Plan during the public comment period.

Based on the standard methodology, there is no need determination for an additional Medicare-certified home health agency or office anywhere in the State. The committee recommends that the Home Health policy, assumptions, methodology and need determination be approved. It is noted that a Home Health Task Force will be convened to consider issues for the Proposed 2009 Plan.

Hospice Services – Chapter 13 – pages 253 to 290 of the Proposed 2008 Plan.

Six petitions and related comments were received during the public comment period on the Proposed 2008 Plan. The petitions requested adjusted need determinations for inpatient hospice beds.

Petition Inpatient Hospice – 1 from Hospice and Palliative Care Cleveland County (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 1) The petitioner requests an adjusted need determination for four hospice inpatient beds for Cleveland County. The Committee recommends approval of the petition and that there be a need determination for four inpatient beds for Cleveland County. Four beds is consistent with the deficit identified in the Proposed 2008 Plan.

Petition Inpatient Hospice – 2 from Hospice and Palliative Care Center (Forsyth County). (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 2) The petitioner requests an adjusted need determination for ten hospice inpatient beds for Forsyth County. The Committee recommends approval of the petition and that there be an adjusted need determination for ten inpatient beds in Forsyth County.

Petition Inpatient Hospice – 3 from Hospice of Gaston County. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 3) The petitioner requests an adjusted need determination to eliminate the need determination that is in the Proposed 2008 Plan for seven additional hospice inpatient beds in Gaston County. The Committee recommends that the petition be denied.

Petition Inpatient Hospice – 4 from Haywood Regional Medical Center Hospice. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 4) The petitioner requests an adjusted need determination for six hospice inpatient beds for Haywood County. The Committee recommends approval of the petition and that there be an adjusted need determination for six inpatient beds in Haywood County.

Petition Inpatient Hospice – 5 from Johnston Memorial Hospital Authority. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 5) The petitioner requests an adjusted need determination to reduce the need determination for Johnston County to four hospice inpatient beds rather than the eight beds that was in the Proposed 2008 Plan. The Committee recommends approval of the petition and that there be an adjusted need determination for four inpatient beds in Johnston County.

Petition Inpatient Hospice – 6 from Angel Hospice and Palliative Care . (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 6) The petitioner requests an adjusted need determination for six hospice inpatient beds for Macon County. The Committee recommends approval of the petition and that there be an adjusted need determination for six inpatient beds in Macon County.

Ten counties would have need determinations based on the 2008 Plan standard methodology and the above recommended need adjustments. The counties and number of beds are: Brunswick –

7; Cleveland – 4; Forsyth – 10; Gaston – 7; Haywood – 6; Henderson – 7; Johnston – 4; Lincoln – 6; Macon – 6; and, Wilson – 8.

There are no need determinations for additional hospice home care offices anywhere in the State.

The committee recommends the Hospice assumptions, methodologies and need determinations be approved. It is noted that Agency staff will work with the Carolinas Center for Hospice and End of Life Care and the Association for Home and Hospice Care to come up with recommendations for changes in the hospice inpatient methodology for the 2009 Plan.

End-Stage Renal Disease Dialysis Facilities – Chapter 14 – pages 291 to 296 of the Proposed 2008 Plan.

The Committee reviewed one Petition and related comments regarding the Dialysis Chapter of the Proposed 2008 Plan.

ESRD Petition from Transylvania County Department of Public Health (Please refer to Attachment – ESRD): Petitioner requested an adjusted need determination for a new dialysis facility to be located in Transylvania County. The Petitioner noted the rural mountainous nature of Transylvania County and the hazardous travel conditions, particularly in inclement weather. The Committee recommends approval of an adjusted need determination for an 8-station dialysis facility to be located in Transylvania County.

Except for the adjusted need determination recommended in response to the Petition and updating of the inventory and utilization data, the LT&BH Committee recommends no other changes to Chapter 14 for the Final 2008 SMFP.

Behavioral Health Chapters

Psychiatric Inpatient Services – Chapter 15 – pages 297 to 306 of the Proposed 2008 Plan.

The Committee recommends adoption of the final Chapter by the SHCC with any appropriate updates in the narrative and with continued updated inventory or other appropriate data in the Chapter's tables.

The Committee recommends adoption of the revised Policy PSY-2. The revisions clarify the language that was in the Proposed 2008 SMFP. There were no comments or petitions submitted during the public review and comment period related to Policy PSY-2.

There was one petition and two comments for consideration. **The petition was from Appalachian Regional Healthcare System, Boone, N.C.** requesting that the State Health Coordinating Council (SHCC) approve an adjusted need determination for 10 adult psychiatric beds to be included in Chapter 15 of the Final 2008 State Medical Facilities Plan (SMFP). The Committee recommends the adjusted need determination, and the need determination would be for 10 adult inpatient psychiatric beds in Mental Health Planning Area 3 to be included in Chapter 15 of the Final 2008 State Medical Facilities Plan.

Substance Abuse, Detoxification, Inpatient and Residential Services – Chapter 16 - pages 307 to 316 of the Proposed 2008 Plan

The Committee recommends adoption of the final Chapter by the SHCC with any appropriate updates in the narrative and with continued updated inventory or other appropriate data in the Chapter's tables. There was one petition and no comments received during the public review and comment period.

The petition is from Path of Hope, Inc., Lexington, N.C. requesting that the State Health Coordinating Council (SHCC) approve an adjusted need determination for twelve additional adult chemical dependency (substance abuse) residential treatment beds for the Piedmont Behavioral Healthcare Planning Area, comprising of Cabarrus, Davidson, Rowan, Stanly and Union Counties to be included in the Final 2008 State Medical Facilities Plan (SMFP). The Committee recommends the adjusted need determination, and the need determination would be for twelve adult chemical dependency (substance abuse) residential treatment beds for the Piedmont Behavioral Healthcare Mental Health Planning Area to be included in Chapter 16 of the Final 2008 State Medical Facilities Plan.

Intermediate Care Facilities for the Mentally Retarded – Chapter 17 - pages 317 to 332 of the Proposed 2008 Plan

There were no petitions and one comment. The Committee recommends adoption of the final Chapter by the SHCC with any appropriate updates in the narrative and with continued updated inventory or other appropriate data in the Chapter's tables.

Other

The committee recommends authorizing staff to update narrative, tables and need determinations as data is received between the committee meeting and the Council meeting.

TO: Long Term and Behavioral Health Committee
FR: Edward R. Jagnandan
Executive Director, Wilson Housing Authority
RE: Clarification to Agency Report to Adult Care Home Petition
DATE: September 14, 2007

- We take exception to the standard methodology used to determine bed utilization as it does not take into account other factors that determine the need for long term care. The methodology works against the disabled adult population, living alone, and *under the poverty level*, that are in need of services. We requested that the methodology be reviewed to include other factors affecting need.
- A meeting with Wilson County Social Service Department revealed that the number of empty beds in adult day care is lower than reported by the plan, as it does include family care homes that, due to their size, are not able to provide the type of services required in an adult care home. A 10% vacancy rate in assisted living/nursing home facilities is considered full occupancy in all other states
- Existing adult care homes select the residents they want to admit. Telephone calls were made to all five adult care homes in the City of Wilson and although they had empty beds they were reluctant to admit individuals in wheel-chair, who were incontinent, or suffering from the early stages of Alzheimer's disease.
- Aging in place occurs when individuals are able to remain in the community where they have lived all their lives. That is the case for Continuum of Care Retirement Community where residents need to move from independent units to assisted living units within the same campus. Wilson Housing Authority residents will remain in the same campus, among friends and family members, and will receive services in private units, with private bathrooms, subsidized by the federal government. Adult Day Care homes provide to our residents only shared accommodations with common bathrooms shared by five other residents.
- Cost savings comes from the fact that these residents will avoid premature nursing home admission if given the opportunity to stay in their homes with the required services as well as less hospital admission and emergency room visits with services that will improve their cognitive and physical health.
- North Carolina lags behind other states in the nation that have successfully embraced public housing assisted living models. Numerous precedents exist in other states. We have provided the department with the names and phone numbers of state departments and housing authorities that have implemented this type of project. HUD (Department of Housing and Urban Development) and the Department of Health & Human Services (HHS) are in the process of signing an agreement to promote this type of projects throughout the U.S. This is a good precedent to set in North Carolina. The Department's concern should be the welfare of the low-income elderly/disabled North Carolinians.
- The physical plant requirement of expanding the corridors from 5' to 6' to comply with the Institutional building code is not possible in Tasman Towers. The Division's Construction Section indicated that the widening of corridors pertain only if the facility admits more than six individuals unable to evacuate on their

own. Wilson Housing Authority will not admit more than six individuals unable to evacuate on their own to their future project.

- Assisted living facilities are "home like" facilities. No 24 hour nursing/medical services are permitted. An individual that needs this higher level of care needs to be transferred to a nursing home - a "healthcare" facility. An assisted living license requires that assistance with activities of daily living, bathing, grooming, eating, transferring, toileting, be provided by unlicensed staff. Nursing oversight is performed by home health care nurses or by a registered nurse under contract. There is no conflict with the licensing requirements in our statement that healthcare services will be contracted out to home health agencies or registered nurses already providing these services.
- Originally, Adult Care Homes were not included in the certificate of need requirement, as is the case in most other states. In most cases, nursing homes, hospitals, acute care facilities, amongst others, are included in a certificate need requirement. Adult Care Homes were included in the certificate of need temporarily until "a finding of a more definitive means of developing and maintaining the quality of adult care homes beds is found". Public Housing assisted living projects represent a new solution to the rising costs and low quality services that the state is faced with today.
- Options given by the department fail to address the need for 24-hour supervision and these options are currently in a moratorium. We have discussed with the department both the Home Option and the Multi-Unit Assisted Housing with Services to find out that no funding is available for these options.

Respectfully, we understand why the industry association is objecting to this type of project since after all they have to represent the interests of their membership. However, we fail to understand the reluctance of the HHS department to test this project that has proven to be so successful in curtailing costs and improving the health and well-being of the poor seniors and disabled adults in most of the states of this nation. We can only conclude that there are other agendas than improving the care of these deserving and often neglected North Carolinians.

The housing Authority firmly believes that this is a moral issue and that our residents deserve better. We hope that the Long Term & Behavioral Health Committee will consider the best interests of these North Carolinians, and approve our petition.



*Hospice of Davidson County . . .
We Make the Difference*

Ask for us by name – Your Hometown Hospice

September 5, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Health Services Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Mr. Cogley:

Hospice of Davidson County, NC, Inc acknowledges that Kate B. Reynolds Hospice Home in Winston Salem has been instrumental in meeting the needs of terminally patients in and around Forsyth County, however we oppose the approval of the special needs petition for more beds at this time.

Our opposition is based upon the impact expected once our hospice house is completed in 2008 and those being constructed in surrounding counties. Currently, patients from counties adjacent to Forsyth County use the Kate B. Reynolds Hospice House. One the new facilities are constructed, patients will have the option of using several facilities capable of meeting the needs of hospice facility care. Adding additional beds now will not add value but risk creation of occupancy issues.

Ones the facilities currently under construction begin to serve patients, the need for additional beds should be re-evaluated to ensure the needs in our communities are being met.

Sincerely,

Gary M. Drake
Chief Executive Officer
Hospice of Davidson County, NC, Inc

DFS Health Planning
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SEP 07 2007

Medical Facilities
PLANNING SECTION



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